Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING				
AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Commission on the Status of Women		Rosalind Rawls	(601) 359-3044	
ADDRESS Post Office Box 1997		CITY	STATE	ZIP
		Ridgeland	MS	39158
EMAIL Msstatusofwomen1@gmail.com	SUBMIT DATE	Name or number of rule(s): Amend Rules 1.3, 1.4, 1.10, 1.15		

2/25/13 Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: to amend the Commission's Rules in accordance with the Commission's official actions i.e., combined separate officers to one {Secretary/Treasurer}, change from monthly meetings to quarterly meetings, and implement a Nominating Committee and an election process. Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §25-43-2.104. List all rules repealed, amended, or suspended by the proposed rule: Rule 1.3, 1.4, 1.10, 1.15 **ORAL PROCEEDING:** An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____ Presently, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency. **ECONOMIC IMPACT STATEMENT:** Concise summary of economic impact statement attached. Economic impact statement not required for this rule. PROPOSED ACTION ON RULES **FINAL ACTION ON RULES TEMPORARY RULES** Date Proposed Rule Filed: Action taken: Action proposed: Original filing Adopted with no changes in text Renewal of effectiveness New rule(s) Amendment to existing rule(s) Adopted with changes To be in effect in ____ days Repeal of existing rule(s) Adopted by reference Effective date: Adoption by reference Withdrawn _ Immediately upon filing Repeal adopted as proposed Proposed final effective date: ___ Other (specify): ____ X 30 days after filing Effective date: _30 days after filing _ Other (specify): _ Other (specify): Printed name and Title of person authorized to file rules; Rita Wray, Secretary/Treasurer Signature of person authorized to file rules: DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP OFFICIAL FILING STAMP OFFICIAL FILING STAMP SECRETARY OF STATE

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